

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576461

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1		1			
5		1		1		
6		2		1		
7	2					
8	①					
9	①					
10	①					
11	①					
12	①					
13	①					
14	1		1			
15	1		1			
16	1		1			
17	①		2			
18	①		1			
19	①					
20	①		1			
21	①		1			
22	①		1			
23	①		1			
24	①		1			
25	①		1			
26	①		1			
27	①		1			
28	①		2			
29	①		1			
30	①		2			
31	①		1			
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TOTAL IND.	7	↓	1	↓		↓
TOTAL DEP.	28	←	29	←		←
TOTAL CLAIMS	35		33			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY